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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/604,929 Filing Date TRANSMITTAL August 27, 2003 First Named Inventor **FORM** Neil E. Robb, et al. Art Unit 3747 Examiner Name Noah P. Kamen (to be used for all correspondence after initial (lling) Attorney Docket Number DKT 02183 (BWA 0251 PUS) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC V Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Altached Appeal Communication to TC (Appeal Notice, Brisf, Reply Brisf) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify • Terminal Disclaimer below): **Extension of Time Request** Issue Fee & Publication Fee Transmittal Request for Refund Express Abandonment Request Form (Original & 1 copy); "Fee Address" Indication Form CD, Number of CD(s) AUG I 5 2005 Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Artz & Artz, P.C. Signature Printed name Steven W. Hays Reg. No. Date August 12, 2005 41,823 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Under the Papenwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/604,929 Application Number FEE TRANSMITTAL August 27, 2003 Filing Dale For FY 2005 Neil E. Robb, et al. First Named Inventor Noah P. Kamen Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3747 Art Unit (\$) 1700.00 TOTAL AMOUNT OF PAYMENT DKT 02183 (BWA 0251 PUS) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): Credit Card None 1 Check I Deposit Account Deposit Account Number: 50-0476 Deposit Account Name: John A. Artz, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee. Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fees Pald (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Eee_(3) Fee (\$) Utility 300 150 500 250 200 100 100 50 Design 200 100 130 65 160 200 Plant 100 300 150 80 300 150 250 600 Reissue *5*00 300 100 200 . 0 0 Provisional 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Foo (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fee Paid (\$) Fee (\$) - 20 or HP = Fee Pald (\$) Fee (\$) HP = highest number of total claims paid for, if greater then 20 Extra Claims Fee (\$) <u>Indep. Claims</u> Fee Paid (\$) -3 or HP =HP = highest number of independent claims paid for, if prestor than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Pald (\$) Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) (round up to a whole number) x / 50 = 4. OTHER FEE(\$) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Issue Fee (\$1400); Publication Fee (\$300) \$1,700.00

SUBMITTED BY			
Signature	tan 2.110	Registration No. 41,823 (Attorney/Agent)	Telephone 248-223-9500
Name (Print/Type)	Steven W. Hays		Date August 12, 2005

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